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MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/701531 **FILING DATE**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					51				1		
2				1				52				1		
3			1					53				1		
4				1				54				1		
5			1					55				1		
6				1				56				1		
7				1				57				1		
8				1				58				1		
9				1				59				1		
10				1				60				1		
11				1				61				1		
12				1				62				1		
13				1				63				1		
14				1				64				1		
15				1				65				1		
16				1				66				1		
17				1				67				1		
18				1				68				1		
19				1				69				1		
20				1				70				1		
21				1				71				1		
22				1				72				1		
23				1				73				1		
24				1				74				1		
25				1				75				1		
26				1				76				1		
27				1				77				1		
28				1				78				1		
29				1				79				1		
30				1				80				1		
31				1				81				1		
32				1				82				1		
33				1				83				1		
34				1				84				1		
35				1				85				1		
36				1				86				1		
37				1				87				1		
38				1				88				1		
39				1				89				1		
40				1				90				1		
41				1				91				1		
42				1				92				1		
43				1				93				1		
44				1				94				1		
45				1				95				1		
46				1				96				1		
47				1				97				1		
48				1				98				1		
49				1				99				1		
50				1				100				1		
TOTAL IND.								TOTAL IND.						
TOTAL DEP.								TOTAL DEP.						
TOTAL CLAIMS								TOTAL CLAIMS						

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

(b)

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/701531 FILING DATE

APPLICANT(S)

CLAIMS

CLAIM	AS FILED IND.	AS FILED DEP.	AFTER 1st AMENDMENT IND.	AFTER 1st AMENDMENT DEP.	AFTER 2nd AMENDMENT IND.	AFTER 2nd AMENDMENT DEP.
01				1		
02				1		
03				1		
04				1		
05				1		
06				1		
07				1		
08				1		
09				1		
10				1		
11				1		
12				1		
13				1		
14				1		
15			1			
16				1		
17				1		
18				1		
19				1		
20				1		
21				1		
22				1		
23				1		
24				1		
25				1		
26				1		
27				1		
28			1			
29				1		
30				1		
31				1		
32				1		
33				1		
34				1		
35				1		
36						
37						
38						
39						
40						
41						
42						
43			1			
44				1		
45				1		
46				1		
47				1		
48				1		
49				1		
50				1		
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

CLAIM	* IND.	* DEP.	* IND.	* DEP.	* IND.	* DEP.
51				1		
52				1		
53				1		
54				1		
55				1		
56				1		
57				1		
58				1		
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76			1			
77			1			
78				1		
79				1		
80				1		
81				1		
82			1			
83				1		
84				1		
85				1		
86				1		
87				1		
88				1		
89				1		
90				1		
91				1		
92			1			
93				1		
94				1		
95				1		
96				1		
97				1		
98			1			
99			1			
100			1			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
20 1				1				51						
20 2				1				52						
20 3				1				53						
20 4				1				54						
20 5				1				55						
20 6			1					56						
20 7				1				57						
20 8				1				58						
20 9			1					59						
2 10				1				60						
2 11				1				61						
2 12			1					62						
2 13			1					63						
2 14				1				64						
2 15				1				65						
2 16				1				66						
2 17				1				67						
2 18				1				68						
19								69						
20								70						
21								71						
22								72						
23								73						
24								74						
25								75						
26								76						
27								77						
28								78						
29								79						
30								80						
31								81						
32								82						
33								83						
34								84						
35								85						
36								86						
37								87						
38								88						
39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.				17				TOTAL IND.						
TOTAL DEP.				177				TOTAL DEP.						
TOTAL CLAIMS				194				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMDENDMENTS